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Medical Index

A Journal of Medicine and Surgery

CIRCULATES IN EVERY STATE AND TERRITORY.

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EDITED AND PUBLISHED BY
HERMAN E. PEARSE, M. D.

KANSAS CITY, MISSOURI.

SOCIETY CALENDAR Page 4.

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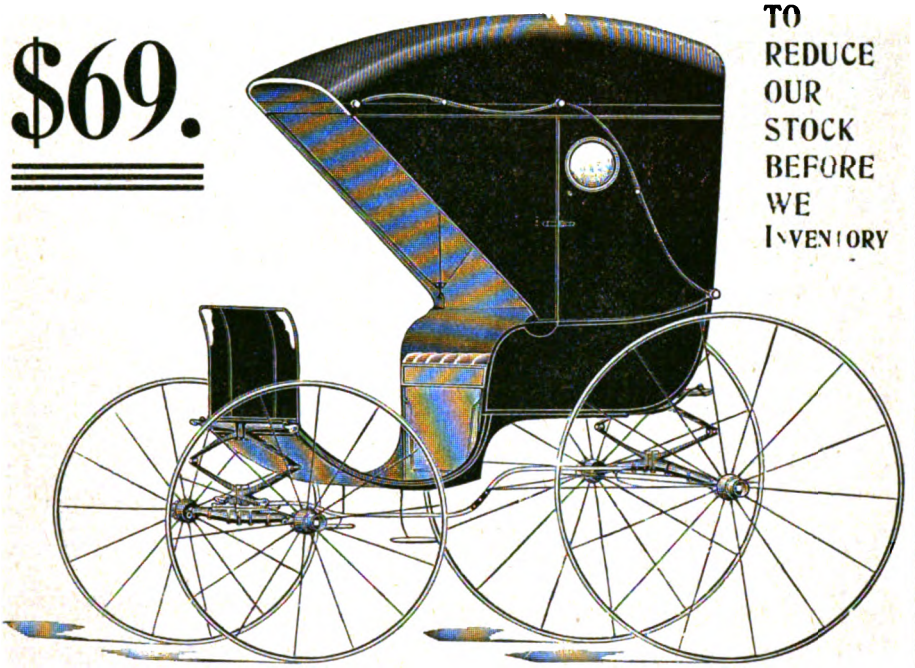

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Secretaries of Societies: Please report your meetings for these pages.

American Medical Association, Columbus, Ohio, June, 1899.

American Association Military Surgeons, postponed.

Western Surgical and Gynecological Association, Omaha, Dec. 28 to 29.

Southeast Kansas District, first Tuesday in March, June, September, December—migratory.

Golden Belt District, first Tuesday in April, July, October, January—migratory.

Hogden Medical Association, meets first Tuesday in April, July, October, January—migratory.

Kansas City District Medical Society, Counties of Jackson, Clay and Wyandotte, meets at Kansas City, Mo., first Tuesday in January, April, July, October.

Southwest Missouri Medical Association, meets at Springfield, Mo., May and November.

North Missouri District Medical Association, third Thursday in June, each year. Next meeting, Carrollton, 1899.

Central District Medical Society meets the last Thursday in June, September, December and March. Place of meeting, Sedalia.

Jackson County Medical Society, of Kansas City, second and fourth Thursday evenings in each month, 916 Walnut Street. Adjurned to third Thursday in September.

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Aye! Get Good Blood—but How? Not by the Alimentary Process. It has already failed to do its work (else the patient would not be sick); and in acute disease must not even be allowed to do the work it can. Stimulate as you will, the whole sum of the patient's alimentary power when fully forced into play, is unable to keep up the nourishing and supporting contents of the blood. There is absolutely but one thing to do; and, thank God, that can be done, usually with success, as ten-thousand-fold experience has proved. That one thing is this: where Nature fails to PRODUCE good and sufficient Blood, WE CAN INTRODUCE IT from the arteries of the sturdy bullock, by the medium of BOVININE.

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HERMAN E. PEARSE, M. D.,

EDITOR AND PUBLISHER.

Entered at Kansas City Postoffice as Second Class Mail Matter.

VOL. XIX., No. 9. SEPTEMBER, 1898. WHOLE No. 225.

ORIGINAL ARTICLES.

Oesophageal Obstruction. External Oesophagotomy.*

BY B. L. EASTMAN, M. D., KANSAS CITY, MO.

This case is recorded on account of the relative infrequency of the operation and the unusual cause of obstruction.

Patient is a young man of nineteen years. While lying on the floor half asleep, a small child slipped a silver dollar into his mouth. For some reason, probably the weight of the coin, it passed at once to the base of the tongue and into the pharynx. The young fellow now thoroughly awake and badly frightened, was unable to dislodge it and the involuntary muscles of deglutation forced it over and beyond the epiglottis deep into the œsophagus. A physician was called at once and made repeated attempts to extract it but without success. On the evening of the same day he was brought to a larger town and an X-ray apparatus used to locate the coin.

A photograph was not taken, but by means of the fluoroscope it was clearly seen and its outline marked out upon the skin of the neck.

This tracing showed it to be in the median line on a level with a point one and one-half inches above the suprasternal notch, its long axis transverse to the œsophagus and flat against the vertebral column. Under chloroform anæsthesia several attempts were made to extract it by means of long curved dressing forceps and while the coin could be well grasped, it could not be dragged upward out of its position. After this, conservative measures were given up, and the patient consented to a cutting operation for relief.

Patient was seen May 28, twenty-four hours after the foreign body was swallowed; exhaustion, only such as might be attributed to the chloroform and the enforced fast, as he had been unable to take any food since the lodgment of the coin.

He complained of a very sore throat, and severe pain on attempting to swallow, and located the coin (by the tenderness) just behind the larynx. I made no attempt to extract per os.

* Written for the MEDICAL INDEX.

OPERATION.—Drs. Salisbury, McMullen, Evans and Kent, of Burlington, Kans., assisting; usual precaution of cleanliness and asepsis; chloroform. Straight oblique incision five inches long following the inner edge of the left sterno-mastoid muscle, the lower end reaching the sternum.

After dividing skin and fascia, the sheath of the carotid artery, internal jugular vein and pneumogastric nerve was located and kept to the outside by a retractor.

The vessels formed the external guide and the trachea the inner. The limited space made progress difficult at first, and it was hard to isolate the trachea enough to keep it constantly in view. The capsule of the thyroid gland was opened but fortunately without wounding any branch of the thyroid axis or its plexus of veins. The sterno-hyoid muscle seemed to be most in the way, and this was drawn up and cut transversely across just below the middle. The rest of the operation was comparatively easy, and blunt dissection only was used until the œsophagus was reached. The coin could be felt through the thin walled tube, but its position had shifted slightly from that shown previously by the fluoroscope. It was now about three-fourths of an inch lower and not exactly transverse, the left edge turned slightly forward and the whole coin braced firmly against the vertebra behind. The œsophagus was nicked with the scissors and then torn upward far enough to allow the extraction of the coin, which was readily accomplished after grasping it firmly with an artery forceps. At this point the œsophageal reflex was well demonstrated, for the first attempt at extraction was followed by the expulsion of gastric contents (partly digested blood mixed with bile and mucus) into the wound. After the obstructing body was removed, suture of the wound in the œsophagus was attempted, but was only partly successful.

The tear in the wall was so close to the inner and posterior margin of the carotid sheath that only one catgut suture could be safely placed. The superficial wound was packed with gauze, carried down to the œsophogus and partly closed at the upper end. Throughout the operation hemorrhage was slight, not one vessel having to be ligated; little or no shock.

During the next twenty-four hours there was a sharp reaction, and we expected considerable sepsis, but it did not develop. Patient allowed nothing by mouth except a little cracked ice. Nourishment maintained by enemata of milk every six hours during the first week. From the first there was only a slight escape of fluid from the wound and in a week this had practically ceased. Liquid feeding was begun, but the discharge increased at once and took on a marked odor of decomposition, showing that there was still a pocket some where.

Rectal feeding was resumed again and in ten days the wound had soundly healed; feeding by mouth occasioned no trouble and patient was allowed to go home at the end of the third week.

In connection with this case there are a few points which I think deserve mention:

First, the unusual nature of the foreign body. It is not clear how he managed to swallow a coin of such size and with so little trouble for there was no compression of the larynx or trachea and but little pain.

Second, the very trifling hemorrhage during the operation. That no large vessels were cut was due to the use of blunt finger dissection, but one would naturally expect a free oozing or venous hemorrhage in such a vascular locality.

Third, the practically aseptic healing. At no time was there anything to indicate a superficial inflammation, or a deeper cellulitis.

This complication (inflammation) is usually very much in evidence following open operations on either end of the alimentary tube, owing to the impossibility of preventing contamination from within, but it was absent here.

418 New Ridge Building.

Pros and Cons of Advertising.*

BY W. C. MANGUS, M. D., MOBERLY, MO.

Gentlemen:—To do justice to this subject, requires more time and space than has been allowed. Having been connected with the drug trade for several years, and played second string with some of the most prominent surgeons and physicians of our day, especially in the city; also close observation in country practice, which I enjoyed for seven years, has lead me to place this subject before you.

Q. Should the doctor advertise?

Ans. Yes.

Q. Why?

Ans. Because it pays.

Q. Please explain this, I want to make all I can.

Ans. From two reasons chiefly:

First, if you expect the public to find you out, you must call their attention to your skill, medical education, when graduated, where, how many different schools you attended, how many skillful operations you performed, the great success following (of course leave out your failures, as all sensible doctors do), report all your cases of successful laparotomies and Ceasarean section, appendicitis, hysterectomy; in fact be interviewed by reporters, tell them you do not believe in advertising and don't wish them to use a column in telling how many obstetrical cases you had in the last month, and why widow Jonkebo said your success always depended on your knowing so much more than Dr. Hideout; see the reporter of Sunday papers, (of course he would like your opinion on "Diet of Children during Hot Weather"), and you can tell him of "the bugs in food, how in your opinion they work harm to digestion, entertic complaints follow and how by a flank movement on them, you destroy whole colonies and child still lives;" also, give him your opinion on "how to live, how to sterilize food, proper kind of water to drink, quantities, etc." Of course the paper man is getting a great deal of advice how to make life longer with his family and he must, in order to compensate you, write this up in his paper and of course you hand him your card so no mistakes will arise, spelling names wrong, etc. Sunday, when you take a quiet smoke on the veranda or some quiet resort to look over the morning papers, and see—in large bold type—your name, mentioning your prominence in the profession, then you awake from lethargy, rush down to see your brother doctor, asking how in the d—— you was interviewed and written up, (with one eye shut) without your knowledge, while the banker, merchant, farmer and all are reading about your skill; and Monday eve when you make deposit, ask yourself, "Does advertising pay?" Then hie off to some medical society, tell the brethren all about the code, and how no honorable physician will surely let his name go to the papers. Why sir, look over our great Sunday papers and see what our city brethren are doing. Patients come from everywhere to consult, even we miss them from our own midst, going to consult these big guns, paying anywhere from $25 to $100 for five minutes chat, (just to touch the hem of their garment) while perhaps you fail to get a penny from this poor soul for months of labor. Now gentlemen, lets look the facts boldly in the face and see if we can't better matters. The business man recognizes that to reach people in a business way, he has to advertise, and pays the editor for his work; while we who should be among the leaders are robbing poor editors daily.

Why does the profession lag behind so, allow his neighbors to out-strip him, climb the ladder to success, lay by his dollars, and when time comes round you see this neighbor's family

* Read before North Missouri Medical Association, June 16, 1898.

visiting watering places, summer resorts, and still when the manager passes from time to eternity he leaves a legacy not to be laughed at. Where is the doctor's family? At home, waiting and watching for the return of a poor worn out being they call father and husband, who knows no rest and hardly enough money to get next meal. This man will not advertise—this is the fruits of his folly.

We have no excuse. We as a class of men are not lacking for good common sense, and why should we not have a business sense as well. We have families dependent upon our best exertions for a living, and we well know that ninety per cent of the laity is entirely ignorant of our skill.

You well remember "Jones and Smith"—Jones a skillful physician—Smith an uneducated man. Smith advertised largely, and Jones had nothing but notice calling attention to his location. Jones could look over and see people climbing up stairs to Smith's office, while he (Jones) never had cases enough to brush the cobwebs off his steps. He called upon Smith for an explanation. Smith told Jones advertising did all this. "Yes," but Jones says, "I can't afford to do this." Smith calls Jones attention to a large crowd passing down street and asks the question, "What per cent of that crowd are intelligent enough to recognize the skill and ability of doctors? Jones replied, "about ten per cent." Then Smith replied, "I get all the fools while you catch the others."

How many doctors are there, when they pick up a paper and see mention made of their skill, but what will always grin behind their ears? But he would not advertise. How we love to be connected with some hospital, sanitarium or college, so when these little innocent circulars or pamphlets go abroad, they have our names in bold type, stating we are surgeon-in-chief, or consulting physician, and bring us in dollars, too. Brother, rub out the black spot, and say you are not practicing for health and glory, but for the money that is in it. Take this away, how soon we all would be hunting for another job. Then why not advertise legitimately, give the editor a revenue and reach the people through proper channels and give all doctors a fair show? Let's quit this interviewing reporters on the side, hiding from your brother doctors for a week, fearing he would ask how came your name in the paper.

Now, gentlemen, take this for what it is worth, but remember, there is more truth in it than poetry. I think it is high time to advertise legitimately or let's all quit fussing about our neighbors' work, and don't consult with these advertising quacks (as we sometimes call them).

Gentlemen, this is a serious matter for your consideration. Very few doctors, I have found in my experience, but what go and meet these advertising men, if any are at hand. I, myself, have refused to consult with them and my neighbor doctor stepped in and got ten dollars while I sat in my office, and what did he say when asked why he did this? "Someone else would." Now gentlemen, let us quit this hide-and-seek game—either be men or mice. Don't take advantage of your brother this way. Either advertise honorably or refuse to at all, and then don't meet these doctors that do. Absolutely have nothing to do with them, and in six months a notice will appear in your local paper, "Office Outfit for Sale by the Sheriff."

Kick all you please, but gentlemen, these are facts that look you in the face every day, and what are you going to do about it? How are you going to meet it? Someone has got to take this matter in hand, and I did, so now let all be heard, and give the writer all the "racket" you wish—he can stand it. For discussion see August issue MEDICAL INDEX, page 252.

Shoulder Presentation.*

BY J. C. RIDINGS, M. D., CAIRO, MO.

In presenting this case I do so, not to instruct this intelligent body in obstetrics, but for the gain of knowledge, and to open a discussion that will lead to a thorough airing of this important subject.

We all know the practice of midwifery is a very uncertain science, and we should never start out without being fully equipped, for we know not the hour when we will need all the science, ingenuity and instruments at our command.

The case in question is that of a lady of thirty-five years, mother of five children, three living and two dead. Her confinements have been peculiar. The first two children were delivered by forceps. The third was a breech presentation. The fourth was a shoulder presentation, but by the free use of chloroform the case was soon turned and delivered by podalic version. The fifth case or the one in question was also a shoulder presentation. I was called to see the patient five days prior to this; when I arrived the patient was getting more quiet, pains less frequent. Os but little dilated, and pains light and not bearing down. I gave a dose of quinine and waited six hours; found no advancement but thought I had a case of cross presentation. I left with instructions to let me hear if she began to complain. Five nights later I was called in haste as the waters had broken. On examination I found right arm presenting, the head in left illiac fossa, large child and a roomy pelvis. I gave chloroform and tried for podalic version. I could only reach the feet, but could not make traction enough to move the child in the least. The pains were strong and bearing down. After repeated efforts, I gave it up as a double contract, and gave her a hypodermic and sent for my partner, Dr. Bagby. She became more quiet and by the time Dr. Bagby arrived had secured several little naps and felt refreshed.

We examined the case and found things a little different from what our text books show. The right shoulder presented, head in left illiac fossa doubled upon the chest directly in the median line. We set about to correct the presentation. I gave chloroform to complete anæsthesia, while Dr. Bagby made an heroic effort to bring the feet down, or change it to a head presentation. We could not make any change to amount to anything, the head being so completely impacted that we could not move it. By this time there was no pulsation in the cord. We decided to remove right arm and scapula thinking it would give us more room. Very little was gained, however, except to move sufficient to allow us to get left arm down and remove it at shoulder joint. Still the head would not allow any movement. We then decided to open the throracic cavity, after allowing our patient and ourselves a little rest. After evisceration we could not bend the body, nor make any progress. We next cut and crushed the vertebra from anterior and then the bending began and in a comparatively short time the hips presented and we began to feel that we were men of science and skill, but alas, the head would not engage in the superior strait, but we, like Hercules, were sufficient for the occasion, and by the aid of Elliott's long forceps soon delivered the head. We used blunt hook and crotchet, bistory, a pair of craniotomy forceps, and nature's universal combined self adjusting instruments, fingers and hands.

The mother made a speedy recovery under antiseptic treatment without any untoward symptoms, and in two weeks was able to be up and about, and is today in usual health.

* Read before the North Missouri Medical Association, June 16, 1898, at Moberly, Mo.

I omitted to mention many little details that are familiar to every practitioner.

Now, gentlemen, if we proceeded not aright and you have a better plan we are ready to hear from you. For discussion see August issue of MEDICAL INDEX, page 250.

Obscure Case.*

BY J. H. P. BAKER, M. D., SALISBURY, MO.

G. F. T., aged forty, family history good. His family consisted at this time of wife and two children (girls). During the latter part of July and the month of August, 1894, his wife, older daughter and himself were the victims of typhoid fever, the latter being the last to take it. His wife and daughter made uneventful recoveries. At the beginning of the third week in case of the latter a diarrhœa developed which proved very persistent. It consisted of stools of a muco-sloughy character, and for six weeks during a very slow convalescence his temperature would rise to 100° F. nearly every day. Patient made a business trip to Chicago the last week in September, and reporting his case to a friend, was advised to go to a kidney specialist. He did so and after an exhaustive analysis of urine, etc., was advised by the specialist to go to an abdominal surgeon. The patient did so and after detailing the history of his case, Dr. B—— said he had never had typhoid fever, but that he had appendicitis and advised an operation.

Patient returned home and resumed treatment by irrigation, antiseptics and digestive tonics, apparently recovering his general health, weighing more than at any time in his life, but with more or less bowel trouble continuously and every few months would have attacks of acute gastro-hepatic colic, and in all of his paraxysms would have severe pain and soreness in appendix region oftentimes locating it under McBurney's point, soreness and pain remaining for an indefinite time after each attack.

On June 1, 1897, patient had a very severe attack of gall stone colic, skin and sclerotic membrane perfectly jaundiced. I assisted my friend Dr. Brummall in the treatment of this attack and we kept him upon course of treatment until the meeting of our society at this place one year since, when my friend Dr. B—— presented this case as a clinic before you.

The patient was examined by Drs. Pearse, Jabez N. Jackson, Clapp, McAllister and others. The general conclusion was while his condition was an obscure one that there was an abdominal pus pocket or a chronic appendicitis and advised an operation.

In July the patient went to St. Louis in company with Dr. Brummall and visited Drs. Moore, Mooney and Summa. Dr. Mooney said he believed it to be a case of appendicitis, but referred him to Dr. Moore and advised him to do what Moore advised, as he regarded him as one of the best all round physicians in the city. Dr. Moore said that probably he had appendicitis, but advised him to go back home and not to submit to an operation. He thought it one of those cases that care and nature would take care of. But our patient, not feeling satisfied, went to see Dr. Hugo Summa, when after giving him a full history of his case, diagnosed it gall stone.

Patient never fully recovered his former health and vigor, when about January 20, 1898, he had another very severe attack of gastro-hepatic colic complicated with appendix symptoms. After the acute stage subsided, I advised him to go to a hospital and have an exploratory in-

* Read before the North Missouri Medical Association, June 16, 1898.

cision made and if anything abnormal was found to correct it at the same time. He decided to have an operation and through the advice and recommendation of a personal friend, he selected Dr. Bernays, of St. Louis, to do the work.

Dr. B—— made a double laparatomy. First incision was at the margin of the ribs over the liver and gall bladder. He found extensive adhesions, and the gall bladder constricted and bound firmly by adhesions. Adhesions of gall bladder were broken up and it was returned to its proper place.

Then a lateral incision was made for appendicitis. The appendix was found and lifted out of the abdomen and I must say it was one of the prettiest, candal extremities I ever saw. Nothing the matter with it nor never had been and Bernays said never would be.

This case was by no means at any time a typical one. The question was whether it was appendix or hepatic trouble or both. It was one of those cases that all surgeons of experience have met with, viz: That the only way to arrive at a correct diagnosis is through an exploratory incision. A friend of mine, who is a distinguished surgeon and gynecologist, operated on a woman for fibroid tumor a few weeks since. He said he would have staked his reputation on the correctness of his diagnosis, but when he cut down upon the tumor, found a cold abscess. Drs. Keen, Senn, Wythe and others advise against surprises in operations pertaining to the abdominal cavity. And the conclusion is therefore an exploratory incision is often necessary to verify or to make a correct diagnosis in many pathological or surgical lesions of the abdominal cavity. For discussion see August issue MEDICAL INDEX, page 251.

A Few Observations on Post-Partum Hemorrhage.

BY H. S. HILL, M. D., SPRINGFIELD, MO.

There are very few subjects in obstetrics which are more frequently discussed and with such keen interest as that of post-partum hemorrhage. Of all the unwelcome incidents attending parturition there are few more appalling in their nature or more dangerous to the patient, than the sudden, continued and exhausting hemorrhage, following what is supposed to be a safe and happy termination of child-birth. The termination of labor may be but the beginning of a new and unanticipated danger for the patient. Perhaps under no other circumstances is a physician so completely thrown upon his own resources, with no opportunity for preparation, reflection or consultation or even time to send for remedies. The physician should always be prepared to meet this emergency by having everything needed on hand and happily there are few accidents which are more fully under control.

It is unnecessary nor would it be expected of me to enter into a discussion as to the various causes, theories, etc., regarding this subject. I propose simply to outline a few of the causes as they occur to me and to give a few hints as to the treatment of this alarming and sometimes fatal occurrence.

Post partum hemorrhage, perhaps, may sometimes be anticipated. If the patient has cardiac disease or sharp, strong pains of short duration, irregular and tedious intervals between the pains, we may suspect this accident may occur, although frequently this is not the case. We may likewise fear this hemorrhage in patients who are in the advanced stage of Bright's disease or those whose constitutions have become

* Read before the Southwest Missouri Medical Association, May 19, 1898.

exhausted from long continued disease or frequent pregnancies or in those whose blood has been subjected to deteriorating influences.

Uterine inertia is one of the most frequent causes of post partum hemorrhage. An unusually rapid labor may be followed by flooding. It is doubtless due sometimes to a partial paralysis of the abdominal muscles as well as the uterine walls after a protracted and exhausting labor.

If there are fibroid growths of the uterus or fibroid polypi we may very confidently look for hemorrhage, especially so when we call to mind that hemorrhage is one of the first and most prominent symptoms of the presence of the fibroids.

Inversion of the uterus is another cause of flooding and a careful diagnosis between this condition and a polypus must be made.

Fragments of retained placenta or clots of blood mechanically contribute to an incomplete contraction of the uterus.

The diagnosis of post partum hemorrhage is generally very easy to determine. The external discharge is usually the first sign of this trouble and is variable in amount. Upon its extent depends the gravity of the case. The hemorrhage may follow closely the expulsion of the child or it may follow or precede the expulsion of the placenta.

Pallor of the face, feeble and rapid pulse, sighing respiration, anxious countenance, restlessness, dimness of vision, thirst, etc., ought to arouse suspicion in the mind of the physician that flooding is going on.

The absence of external hemorrhage should not be taken as evidence that there is no hemorrhage, and this is often overlooked by the inexperienced physician. External palpation may reveal the uterus largely distended, filled with blood retained by closure of the os, either clot or spasmodic closure.

The prevention of post-partum hemorrhage is a subject of too great importance to be neglected.

When it is suspected that this is likely to occur from a too rapid delivery, the pains must be retarded; if labor is too sluggish from feeble pains, they are to be strengthened. The removal of the placenta should never be precipitate; sufficient time must be allowed for strong contractions to come on, so that the tissues and openings of the vessels may contract and at the same time fl. ext. ergot in full doses may be given in order to facilitate the contractions.

Gentle pressure and friction over the fundus of the uterus are productive of much good in promoting contraction and closure of the orifices of the vessels. Knowing well the effect upon the uterus in exciting contractions from excitation of the nipples, we should early place the child to the breast. A strong bandage, closely applied, should be employed in every case as a preventive for hemorrhage, if for no other reason. After the expulsion of the placenta, examination of it should be made to see if its delivery is complete; if it is not complete, it should be made so.

When hemorrhage actually occurs, the first and most important step to take is to excite uterine contractions. Of the various remedies employed, perhaps the first to which we resort is to grasp the uterus with one or both hands, making firm pressure and producing mechanical contraction. Ergot is usually administered, but its effects are too slow in those cases where haste is of the utmost importance. Wine of ipecac in ten drop doses every ten minutes has in my hands produced more prompt, stronger uterine contractions than ergot. I frequently use ergot hypodermically properly diluted and in many cases with the happiest results. The introduction of the hand into the uterine cavity will frequently promote enough strong pains to cause the flooding to cease. Cold, either externally or internally is often a very efficient remedy and may be applied over the thorax, abdomen or vulva by wet compresses, while internally it may be employed through the vagina or

rectum. Balls of ice or snow have been introduced into the uterus, and often with very marked good results. Cold, however, should not be employed too long, but may be alternated with heat.

Care must be exercised in using intra-uterine injections, as there is some danger of forcing some of the injection into the uterine vessels. A two to five per cent solution per-chlorid iron has been used by some; others have used hot vinegar and with good results, so they have claimed. If the cavity of the uterus is filled with clots, their presence may favor hemorrhage and prevent the necessary contractions, hence their removal is of prime importance.

It has been my misfortune to have five or six cases of post partum hemorrhage, within the last few months, occurring in from seven to fourteen days after delivery. All these cases occurred before the end of the sixth month.

I attributed the tardy hemorrhage to this fact: that some portion of the placenta had been retained, occupying such a position as to act as a plug to the open orifices of the vessels and becoming detached, left the mouths of the vessels as open as they were immediately after complete delivery. The most recent case which came under my observation was one in which the flooding came on the eleventh day after delivery. She was out of bed the day before for the first time. The case was not mine—the call was an emergency one. I found the uterus largely distended. Examination showed the os plugged with a firm clot. Expulsive pains were very keen but were too feeble to expel the clots. All the clots were removed and filled a wash-basin. The womb firmly contracted and no further flooding followed. Doubtless a portion of the placenta had been retained, the exertion in getting out of bed produced a partial detachment, which was wholly completed the next day followed by the flooding. The lady was very anaemic and her muscles had but little contractile force.

In three cases the pregnancy terminated about the fourth month, and were not under the care of a physician at the time. Assistance was not called for until the patients were completely exhausted. I curretted in all these cases, removing a number of pieces of the placenta in each one. The hemorrhage did not cease upon their removal and I used an intra-uterine injection of hot water and carbolic acid. This promptly checked the flooding, promoted firm contractions and prevented any further hemorrhage.

One other case of hemorrhage promptly succeeded the delivery of the fetus. The womb was curretted and washed as in the last three cases and recovery was prompt and uninterrupted in all.

I am not much in favor of the tampon although recommended by some high authorities. It is liable to further paralyze the already enfeebled efforts of the uterus and might induce an almost dangerous state of inertia. If it is used the patient should be carefully watched or the patient may very quickly lapse into a deep and fatal collapse, from the flooding pouring into the uterus.

After the cessation of the hemorrhage it often happens that there is an alarming degree of general weakness and lack of vitality. In such cases relief should be promptly given, hypodermically using sulphuric ether and nit. strych. My experience in these cases of hemorrhage induces me to favor curretting the uterus to remove all fragments of the placenta and then follow with intra-uterine injections of hot water with carbolic acid.

On board the Solace is Lieut. Harrison, of the Oregon, who, while engaged in firing a thirteen-inch gun, stuck his head out of a port hole for a breath of fresh air. His head was within a few feet of an eight-inch rapid-firing gun overhead, and the unexpected discharge of this gun ruptured both tympanic membranes, and knocked him to the floor, where he lay unconscious for some hours. He is now totally deaf.

Post-Partum Hemorrhage.*

BY W. S. ALLEE, M. D., OF OLEAN, MO.

This is a subject that most of you may consider somewhat trite, but while lovely woman continues to undergo the pangs and risks incident to childbirth it is one worthy of our most earnest consideration.

Those of you who may have read Bedford, or heard our own Dr. Maughs, in his eloquent and forcible manner portray the dangers and distress lurking in every case of hemorrhage post partum, will readily appreciate my interest in this subject. While it has never been my misfortue to lose a patient from this cause, I have known of several homes that were made desolate by fatal hemorrhage.

I will neither consume your time nor try your patience by attempting an elaborate treatment of this subject; this has been done more acceptably by our standard authorities on obstetric practice. My desire is merely to report a case recently treated by me, hoping that you will give your opinions as to the merit of the measures used, thus either strengthening my convictions as to their utility, or convincing me as to their unreliability.

On the 9th of March, last, I visited Mrs. B——, a primipara, at 10 p. m. She had been having some pain at irregular intervals for twelve hours, and considered herself in labor.

I made a digital examination, reaching the os with difficulty. It was undilated.

Being seven miles from home I decided to remain until morning. No medicine administered during the night. The next morning patient informed me that she had slept some during latter part of the night but was still having some pain. An examination showed that no material change had been made during the night, creating doubt in my mind as to whether labor had actually begun.

At six o'clock, a. m., I gave one-fourth grain of morphia sulphate, leaving three doses more of the same size with directions to give one every hour until pain was relieved

The second dose which was given at seven o'clock, a m., relieved the pain and patient rested fairly well until two p. m.

Before leaving the family, I informed Mr. B—— that his wife would probably be free from pain for several hours and that when they returned her labor would most likely progress favorably.

He was instructed to notify me at once should her pains become regular, frequent and strong. He came for me at ten p. m., on the night of the tenth, saying that his wife was having regular pains that were getting harder. Her pains returned at two p. m., at which time she was given the third dose of morphia. This failed to give her any relief and as she complained of nausea, they very fortunately did not give the fourth and last dose of morphia left.

The patient and her mother would not consent to have me sent for until they were very sure it was necessary; this was on account of rain and bad roads. On my arrival at 11:15 p. m., the child was born, but placenta was undelivered. I observed, with alarm, the anxious expression of the patient and her desire to be fanned.

Hastily washing my hands, I began my efforts at assistance by placing the right hand over the belly, kneading and compressing the uterus which was relaxed and could scarcely be felt, but soon I felt encouraged by the feeble efforts at contraction growing stronger, until by compression, aided by slight traction on the cord the placenta was delivered.

The placenta was placed in a good size chamber and enough clotted blood scooped up with my hands from

* Read before Central District Medical Society, May, 1898, Sedalia, Mo.

the bed to fill the vessel. One of the ladies present informed me that she had taken out a chamber half full of clotted blood before my arrival.

My opinion is that this woman, weighing about 145 pounds, had lost not less than six pounds of blood.

Immediatly after delivering the placenta I gave her one teaspoonful of fl. ext. ergot, O. W. L., and applied a towel wet with cold water over the lower part of abdomen. Patient made an effort to vomit and became unconscious, pulse at wrist imperceptible. Her condition became so alarming that the husband and mother grew frantic with grief leaving me to make the fight almost unaided.

One of the ladies present kept her wits fairly well, her help to me being almost indispensible. I raised the foot of the bed and she set chairs under the posts, keeping it elevated about eighteen inches higher than the head. All pillows were taken from under patient's head. I sat by the bed compressing the uterus with one hand and slapping the abdomen with a towel wet in cold water held in the other hand, until the uterus was well contracted. I had prepared, half gallon of water at a temperature of about 100° F., by dissolving two teaspoonsful of table salt in it and injected slowly into the rectum. The patient was unconscious while the enema was being administered.

An hour later she was perfectly rational, called for and drank a cup of water.

The saline solution had all been retained with such apparent beneficial results that I now gave a second injection of about half gallon. This was retained for half an hour when it created a desire for stool, and I instructed her to pass it off in bed if she so desired, placing a cloth under her hips to receive it.

My opinion is that she did not pass to exceed half pint of water and I think it a safe estimate to say that six pints of the saline solution was absorbed. The condition of my patient had so improved by three o'clock a. m., that I felt warranted in assuring the family of her ultimate recovery.

From this time she had no unpleasant symptoms. There was no great thirst for water and an absence of that restless condition and constant desire for change of position which is so common in cases of alarming hemorrhage from any cause.

I left the patient at seven a. m., on the eleventh, in good condition, pulse eighty and of good volume. Have not seen her since that date. Her husband called to see me on the sixteenth and said his wife felt well. He wanted to know when she could safely sit up in bed. He said she felt well enough to go to the table and take her meals if it would be prudent for her to do so.

Two weeks later he informed me that his wife was doing her house work and felt well. I never before had a patient in such desperate condition from hemorrhage, to regain strength and apparently enjoy such complete restoration of health in so short a time.

I attribute the result largely to the rectal injection of normal saline solution. The case is reported because the treatment is rational, simple, safe and in my judgment efficient, the necessary requisites for its general use.

I have personally and with the aid of medical friends consulted the leading text books on midwifery without finding an allusion to this method of using normal saline solution. Where I have found it spoken of in the journals, it was but to damn it with faint praise. The strongest endorsement found is an extract from the October number of *Medicine*, which appeared in November sixth number of *Medical News*, for 1897.

Bacon, the author says of it: "In cases of hemorrhage of the 'second degree,' that is when from one-fourth to one half of the blood in the body is lost (2.5 to 5 pounds), the importance of prompt therapeutic aid is very great."

Absorption from the rectum of an injection, though slow and rather uncertain, does well enough in the

less severe cases, but when a patient has lost from two to five pounds of blood, it is necessary to use some quicker method to supply the required fluid in the vessels. This can best be accomplished by hypodermic injection, etc.

The loss of only two pounds of blood is of trifling importance and needs no special treatment. The loss of five pounds would greatly increase the absorptive power of the rectum and colon, possibly enabling the large surface to which a suitable fluid could be brought in contact with, to absorb it as rapidly, if not more so, than would the limited area subcutaneously to which the fluid could be applied by hypodermic injection. The latter is liable to produce local abscess and an infected needle, tube or unclean solution might cause septic infection.

The intra-venous injection of normal saline solution is now a recognized treatment by standard authorities. Its utility under proper conditions is not to be questioned, but the careful work necessary to prevent air from entering the punctured vein, the absolute necessity for an aseptic solution, for aseptic tubing and needle, stamps it as an impracticable treatment for the country doctor.

In this case, an old family syringe was used and hot water cooled down to proper temperature by adding cold water that had not been previously boiled. The quantity of salt used was about one half that which is recommended for making a normal saline solution. This was not from design, but ignorance, as I had forgotten the quantity required.

It has been a question of much interest to me as to what influence the morphia administered had, if any, in causing the subsequent hemorrhage in this particular case. I am inclined to believe it was a predisposing cause. The dose given at two p. m., after the patient had gone into labor was bad treatment in view of the fact that she was just coming from under the influence of the drug previously administered.

Surgical Emergencies.*

BY DR. G. E. MCNEEL, SEDALIA, MO.

Surgical emergencies embrace all those conditions which demand immediate action on the part of the surgeon to prevent grave or speedily fatal results; conditions for which something must be done and done quickly; conditions in which delay is dangerous or fatal. The scope of the subject is so great that even a single surgical emergency should more than occupy the limit of a paper. I shall enumerate a number of conditions and consider three at some length. It shall be my purpose to say sufficient to form a basis for practical, profitable discussion.

I mention traumatism in general involving first aid to the injured, amputations, dislocations, fractures, burns, scalds, shock, intestinal obstruction, hemorrhage, fractures, laryngeal obstructions, skull injuries, drowning and suffocation.

Some of these, it is true, do not involve life, but all may be regarded as emergencies demanding surgical treatment.

The three conditions to which I shall briefly call your attention are strangulated hernia, injuries to spine causing compression or injury to spinal cord, and penetrating wound of abdomen. Strangulated hernia forms a numerous and important class of emergency cases and unless relieved serious and fatal results must follow. Every minute is valuable and the earlier relieved the more certain can we expect a favorable result and avoid those unpleasant and fatal complica-

* Read at meeting of Central District Medical Society, Sedalia, Mo., May 5, 1898.

tions which follow delay. The mechanism of strangulated hernia is clear. There is a protrusion of omentum and intestine and the crowding and twisting causes venous stasis and œdema which increases the construction and makes venous stasis more complete. Finally arterial circulation is stopped with necrosis and gangrene.

I shall confine myself chiefly with the question of operative treatment. The diagnosis should not be difficult except in certain complicated cases. The tumor, localized pain, intestinal obstruction, render the diagnosis positive in most cases.

Two methods of treatment are advocated—taxis and operation. Ice bags, compresses, posture, etc., are simply loss of time and time is precious. When the case is seen early, taxis should be employed with patient fully under an anæsthetic. The taxis should not be too prolonged, should be gentle and made in line with the opening through which it came. Taxis in a later stage is not safe, for there is great danger of rupture of intestine that has become pathological, and if taxis be successful at this stage, necrosed intestine may be returned only to slough and cause death later. Called to a case of strangulated hernia, the surgeon should go prepared to operate, prepared to resect intestine, establish artificial anus and meet any complication that may be found. In favorable cases radical cure should be done. When the sac is opened, the most important question to decide is whether or not the intestine is visible.

If any doubt on this point exists, it is safer to relieve the constriction and wait, or if waiting is not advisable, resect all suspicious intestine at once.

If shock is great and there is urgent necessity for completing the operation speedily, it is better to establish an artificial anus.

If on opening the sac the intestine appears red and inflamed, it is viable. It green, it is necrotic. If of fecal odor, it is gangrenous and perforation has probably already occurred.

I wish to emphasize the wisdom of operative treatment in all cases where patient, gentle, taxis not long continued fails to relieve. It is well to have a distinct definite idea what is the best thing to do when called to such a case.

And yet mistakes occur, as shown by the following case:

Mr. S——, middle age, had an inguinal hernia several years. Had worn a truss with satisfaction until one day the truss not being in good condition, and having some extra work to do he slipped and the hernia came down. He could not reduce it though he continued trying to do so for several hours. Failing, he was taken to hospital where chloroform anæsthesia, a pad and bandage were applied, and he returned home. Next day he vomited much. Simple remedies failed to relieve the vomiting. Second night he did not sleep well, but passed a fairly comfortable night. Second day felt better, not much pain, vomiting less. Vomiting attributed to anæsthetic.

No symptoms referrable to hernia or abdomen, no pain, no tympanitis. Third night bowels moved, but not freely; fairly comfortable night. Third day he was thought to be doing well with every indication favorable to a speedy recovery. Fourth night at 9 p. m. he got up and walked to closet and bowels moved very freely. When he returned, he felt weak and pale, but complained of no pain, cold perspiration and a feeling of faintness. Nothing serious was thought of this and surgeon was not called until 1 a.m., when patient was found in collapse. Pulse rapid, weak, and irregular, cold extremities, cold perspiration, mind clear. Strong hypodermic stimulation failed to produce any effect and the patient died at 2:30 a. m. No autopsy was obtained, but it seems that the condition is plain. There was evident perforation of intestine—probably sloughing—with consequent collapse and death. The intestine was strangulated and died and when bowels moved, there was rupture. Such a case indicates that we can never be sure that the condition of the intestine warrants its return into the abdomen

without an occular examination. In this case the taxis of the patient may have been severe, but after reaching the hands of the surgeon the taxis was not sufficiently vigorous or prolonged to cause death of tissue. Yet in so mild a case we cannot but think that operative treatment may have saved the patient.

A few years ago when a surgical association held a session in Omaha the subject of spinal injury with serious injury of spinal cord was thoroughly discussed and it was the opinion of most every surgeon that operation in these cases is not warranted. Since then the hopelessness of these cases has caused many attempts to do something for them and now the tendency is strongly in the direction of immediate operation. Operation in many cases at any stage will be ot no service, because the cord has been entirely severed at the site of injury and we know that regeneration of spinal cord cannot be expected. Experiments on animals and clinical evidence in man have shown that this is impossible. But in those cases in which there is not a destruction of the cord, but a compression or limited laceration an early operation offers much hope of relief, if not complete restoration. But if the compression is not soon relieved, degenerative changes occur and later relief of compression will not be followed by restoration of function. Fractures of the spine form about three or four per cent of all fractures. A large per cent of these involve simple fracture of various processes or lamina with no injury to cord or membranes. My paper refers to those fractures or fracture dislocations which are complicated with serious injury to the cord. The signs of such an injury are paralysis below level of lesion Both motor and sensory—paralysis of bladder and rectum—bed sores from very early, absence of :eflexes, deformity at point of injury. Given this set of signs we know there is serious injury to the cord, whether compression, laceration or complete division is not easily determined and is practically impossible. Without these signs we know there can be no serious structural lesion of the cord.

My object in placing these cases among the surgical emergencies is to secure a discussion of the question of operation, especially early or immediate operation. The unfavorable results of late operation had caused many to doubt the wisdom of operation in any case at any stage. The tendency of surgeons today seems to be in favor of early operation. These cases present this state of facts. Utter hopelessness of recovery or a very great degree of improvement, without operative treatment, a hope reasonable in many cases that operation will result in marked improvement and often in complete recovery, a question of living an indefinite length of time in a helpless, hopeless condition, or possibility of early death with some probability of relief. Have we a definite combination of what we would do or advise when called to one of these cases? I believe we are giving the best service when we advise an immediate operation. To be sure, many will not consent to operation, but we have performed our duty when we advise what we believe is best.

During the past seven years I have seen six of these cases. In none was operation permitted. In all cases the symptoms mentioned were present. Three terminated fatally in from twenty-four to seventy-two hours. One case lived about one year with very little improvement, and died of pneumonia. One case in which the injury was in upper dorsal region lived several years remaining as hopelessly helpless as when first injured. One case has lived several months with no improvement when last heard from. While in New York in 1894 I saw a case of this injury treated by Dr. Dawbarn, a report of which was printed in *Annals of Surgery* ot January, 1895. Dennis in his system of surgery, volume II, page 825, devotes nearly a page to this case. The excellent result was attributed to immediate operation which was per-

formed within two hours after the injury was received.

Penetrating wounds of the abdomen are quite frequent, serious and fatal. Extensive wounds which do not penetrate the cavity are not as serious as small wounds that do penetrate the cavity. Non-penetrating wounds have a special importance from the fact that hernia is very liable to follow, hence every effort should be made to secure firm primary union. Aside from this they present nothing peculiar from similar wounds in any other region. With any wound of the abdomen the first question to decide is whether or not it penetrates the cavity. In many cases this will not be difficult. Protrusion of omentum, or intestines, or escape of bowel contents from external opening is decisive. The most satisfactory method is to make an incision across the wound and follow it until the limit of wound is reached or the cavity is opened. Before this is undertaken, all preparations should be made for an operation which may involve opening the cavity and repairing wounds of any viscera that may be injured. The question of operation is a puzzling one in many cases. Frequently the patient after a penetrating wound of the abdomen presents no grave symptoms for some hours or days, and we hesitate to add the risk of an operation so long as there is fair prospect of recovery. Many cases do recover when left entirely to nature. Many, I am persuaded, die when a timely operation would have saved them. It is not an easy question to decide. When doubt as to injury to viscera exists, we should satisfy ourselves, even if it is necessary to operate in order to do so. In order to be truly conservative, we must sometimes appear to be too radical. The mortality of properly performed cælcotomy has become so small that such an operation does not mean death as was thought some years ago. Neither do I believe the operation should be reserved as the last resort. Surely if we do so, there can be no hope for a favorable result. The hydrogen gas test has been used in a number of cases with satisfactory results and is much favored by some surgeons. Others condemn it as unreliable and as adding materially to the difficulty of the operation.

In a given number of cases, I believe, the plan of universal operation will give a larger per cent of recoveries than an equal number treated without operation.

Several years ago I was called to see a boy about twelve years old, who had been stabbed by another boy. The wound was in upper left portion of abdomen. Omentum protruded from the wound. There was no shock, no sign of injury to any viscera. The omentum was returned, wound closed and dressing applied. The patient made a good recovery without a bad symptom.

Last year I saw a young man who had received a gunshot wound in right upper portion of abdomen. There was but slight tympanitis. Condition seemed good except pulse was rapid and not of good volume. Operation was postponed. For several days the indications were favorable. But he began to fail and died about ten days after date of injury.

It is asserted by medical authority that there are more blind people in Spain, in proportion to population, than in any other country in Europe At the beginning of the war it appeared that the whole nation was blind, but there is strong reason for the opinion that surgical operations by the United States will open their eyes.

The monument to Pasteur, in front of the Pantheon in Paris, is now almost completed. The sculptor has added a group of a mother and her child thanking Pasteur, whom Fame is in the act of crowning with laurels. The international subscription to the memorial has reached over $50.000.

In Russia eleven laboratories are engaged in the manufacture of diphtheria serum, in which the entire people place great confidence, and not without reason, as in 44,631 registered cases in which the serum was used the death-rate was but fourteen per cent against eighty-one per cent of the 6507 cases in which it was not employed.

COMMUNICATIONS.

A CORRECTION.

ED. MEDICAL INDEX,
Kansas City, Mo.

Dear Doctor:

In reporting proceedings of Southwest Missouri Medical Society, you say on page 217 of current issue of INDEX: "Dr. H. D. Shuttee, of West Plains, said his experience with laryngeal croup is that the majority die under any treatment except antitoxin, which he has never tried." It should have been added that I had not tried antitoxin because since it came into use I had seen only two cases, both in consultation, and both were moribund. To leave the sentence as it is would imply that I did not have the courage to use it.

Yours truly,
H. C. SHUTTEE.

West Plains, Mo., July 21, '98.

WAR COMMENTS FROM "THE MEDICAL STANDARD."

Mosquito-proof tents are to be added to the soldier's outfit in Cuba, Puerto Rico and Manila. The tent is made of fine, white cheese cloth, weighs one and one-half pounds and can be carried in a knapsack. When opened for service it is five feet high, six feet long and three feet wide. This will afford most valuable protection against mosquitoes, flies and insects of all kinds and the dew.

We are all profoundly thankful for the surrender of Santiago. By the surrender yellow fever has been cheated of its victims. We learn that there is no yellow fever among the troops because of the mild character of the cases now existing; yet how soon might the character of the epidemic be changed, and claim more victims than the enemy's guns.

The Relief is not only a hospital ship, but also a supply ship. Two tons of ice are manufactured and 1,500 gallons of distilled water are produced by her daily. There are 360 beds in the wards of the ship, and in addition there are 750 folding cots and 650 extra mattresses. Through the contributions of patriotic citizens all over the country the ship is supplied with an abundance of wines, medicines, dressings, etc.

Instructions are now given to the chief surgeons in charge of the army camps to forward to the laboratory of the surgeon-general's office in Washington, D. C., a sample of the drinking water of the respective camps. This sample is to be accompanied by a report of the sanitary surroundings and course of the water. Not less than half a gallon is sent as a sample and a thorough clean glass vessel is preferred. Vessels requiring chemicals to cleanse them should not be used. Only the water to be sampled should be used to clean the vessel. The corks should also be new and clean.

We are informed that Manila has good drinking water; this accounts in large part for the scarcity of severe cases of dysentery and other intestinal disorders. Malaria is prevalent during the rainy season; it takes a typhoid type. Small-pox is epidemic annually. Tuberculosis and syphilis are remarkably prevalent; it has been asserted that fully seventy-five per cent of the troops have one or the other of these diseases. Beri-beri is not unknown to the inhabitants, and is frequently diagnosed as Bright's disease, locomotor ataxia, muscular rheumatism and heart disease. Everywhere reptiles and insects abound, many of them being most deadly.

Kansas City Medical Index.

HERMAN E. PEARSE, M. D., EDITOR AND PUBLISHER.

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EDITORIAL.

The Lessons of the War.

There are a few lessons, that we as doctors may profitably point out to the laity, which are forced upon us in connection with the present war with Spain. First, with our soldiers succumbing to malarial fever at the rate of five-hundred a day, it is well to take note of the fact that anybody, even well-trained soldiers, who fail to follow the directions of their medical men in time of exposure and trial, will come to grief. Second, that those camps no less than cities that neglect sanitary precautions and do not faithfully guard the water supply from contamination, and observe with some care the condition of the food they eat, will be visited with epidemics of dysentery and typhoid fever. All these lessons are as old as medical science itself, they have been repeated so often that they are threadbare, yet villages and communities at home, and our camps at the front still contain epidemics of dysentery and typhoid fever, directly traceable to bad sanitation. When will people learn that it is better to thirst for a day, than be drinking water we know not of, and burn for weeks with the consuming fever. The third lesson comes to us not as doctors, but as citizens; if we wish our country to be great and to prosper, we must assist with all the power that our position in the community gives us, in impressing this third lesson upon the minds of the voting population; it is this: war and the conduct of armies is as much a profession as medicine. A volunteer executive officer is no more fit to feed, clothe, train, direct and prevent sickness of, a company, a regiment, or a division of soldiers, than would a volunteer doctor, who had never studied medicine, but depended upon a pocket manuel of treatment, be to go into a modern operating room, and conduct an aseptic operation, or to take charge of a patient sick with a critical disease, and safely conduct his case to the end. Millions of dollars in money and hundreds of valuable lives have been squandered in our short war by political officers,

and the scandal now growing in the war department is the logical consequence of our system of politics as applied to the army. No name fits this condition of things so well as one we will coin for the occasion, "Military Quackery." Let us recognize the fact that while we, and the great Europeon powers are civilized, the bigger half of the world is not; that military operations will exist in the future more than in the past, because on a grander scale. Let us insist that our army shall be governed and officered by a General Staff, chosen gradually from the ranks of the regular army, constantly increasing, large enough for the need of sudden war, non-political in its selection, but permanent in its service, until retired by the age limit. Let these men provide for a standing army, well equipped and well-trained, not of 40,000 but of 400,000; for in the campaigns of Santiago De Cuba and of Manilla, while we are all proud of the brave volunteer soldier, it has been shown that the success of our cause depends upon the trained regular.

This spoils a lot of pretty sentiment about "citizen soldiers," but facts are facts, and we may as well accept them. As medical men we must assist in training the people to believe these principals, which are radically different from many of our ideas of the past. Our fighting men of the army and navy must be trained for their work as well as we doctors are for ours.

The Treatment of Traumatic Tetanus by the Injection of Antitoxine Directly Into the Brain Tissue.

In *The New York Medical Journal* of July 9th, appears a leading article bring ourselves to give up this new on the above subject, in which some most important facts are brought out, which appeal directly and vigorously to the judgment of every physician and surgeon who is interested in the treatment of this dread disease, tetanus. Those of us who have watched the use of tetanus antitoxine up to the present date must be impressed by the very large percentage of failures, while yet there have been so many successes that we cannot and most promising line of treatment. We now receive new and gratifying light through the labors of Roux and Borrel, who have shown us that failures are due to the length of time that exists between the injection of the antitoxine and the time required for it to reach the nervous center; in other words, they said to themselves, "While the antitoxine was floundering about in the blood, the toxine or poison was doing its deadly work on the nervous centres, and the two, although so close, did not come into contact." The procedure proposed, therefore, was to inject a tetanus antitoxine directly into the cerebral tissue. The following case report shows how this was accomplished in one case and the gratifying measure of suceess attending the attempt. The case report is taken from the *Paris Presse Medicale* for June 18th, and is as follows: A healthy lad sixteen years old, a gardener, was injured by a greenhouse sash falling on his hand and crushing the tips of the index and ring fingers. This was on the 18th of April. Four days later the lad presented himself at the Cochin Hospital, where he was treated daily as an out-patient until April 22nd, when he complained of trouble with his jaw and also of a tooth. The dentist found no trouble with the boy's

mouth, but suspected tetanus. Nevertheless, he prescribed only a carbolized gargle. On the following day the symptoms had become more pronounced, and the patient was advised to enter the hospital. This he did not do at once, in fact, not until the 25th. He then had decided trismus, with the sardonic grin, but the muscles of deglutition and those of respiration were not yet affected, his intelligence was undisturbed, and there were no paroxysms. In the course of the day he received twenty cubic centimetres of antitetanic serum under the skin. On the following day, the 26th, there was well marked tetanus of the trunk, but the limbs were still free from contracture.

M. Quenu was now called upon to do the operative procedures required for carrying out the Roux-Borrel treatment. The patient's entire head was shaved, aceptized, and protected with a dressing. Anæsthesia was induced with chloroform, and M. Quenu made a small curvilinear incision to the bone on the right side, the middle of the incision falling in a line drawn vertically from the external orbital process and being eight centimetres distant from that process. The concavity of the incision was directed forward and downward. The little flap was dissected up, and a button of bone eight millimetres in diameter was removed. The dura mater was incised, and the hypodermic needle was passed into the brain to the depth of five or six centimetres. M. Roux himself pressed the piston slowly, injecting between a cubic centimetre and a half and two cubic centimetres of serum concentrated one-half (ten parts dried and then redissolved in five parts), which he and M. Borrel had prepared on the spot. The process of injection, drop by drop, occupied about six minutes. No noteworthy phenomenon accompanied it. The cutaneous wound was closed with three sutures, and the same procedure was executed on the left side of the head. Occasion was taken of the anæsthesia to treat the injured fingers radically. The entire operation lasted about three-quarters of an hour.

On the lad's emerging from the anæsthesia, some improvement was noted at once, but, as is always observed in severe cases of tetanus that end in recovery, whether spontaneously or as the result of treatment, he still had to go through with a long persistence of the manifestations established prior to the favorable turn. On the 29th he received twenty cubic centimetres of antitetanic serum, but this time subcutaneously, and the same amount again on the first of May, also ten cubic centimetres on May 2nd, and twenty on the 3rd. It was not until the 8th that he showed decided improvement, and he sat up for the first time on the 18th. During all this time the antitoxine treatment was judiciously supplemented with nutrient enemata, injections of artificial serum, and the administration of sedatives.

The authors explain that the operation was practiced at the level of the base of the second frontal convolution, in order to avoid injury to the psychomotor centres, and yet admit of the serum being deposited near enough to them to find its way to the affected parts by diffusion. They do not seek to attach undue weight to this single case, but they properly insist on the severity of the disease and on the positive character of the evidence afforded in this instance. It

seems to us that Roux and Borrel have now made a substantial advance in the serum treatment of tetanus.

Another New Medical School in Kansas City.

The latest aspirant in the field of medical college work is the Columbian Medical School, of Kansas City, Missouri, to which a charter has lately been granted. The college has rented quarters at 1325 East Eighth street. We are not in possession of the names of the faculty, but understand that Drs. Mooney, Carter, Johnson and Ragan are among the professors.

We believe with the addition of this school, that Kansas City outranks St. Louis and every other city in the world in the number of medical colleges, regular and irregular, in proportion to its population.

We trust that the new college will invest sufficient money and energy to place its graduates upon the same high plane that the existing schools demand. The INDEX extends to them its congratulation and hope of success.

Diphtheria Antitoxine Now Patented.

The antitoxine of diphtheria as manufactured by Professor Behring, of Germany, has at last been patented in America, just why, no one knows, not even Behring himself. Like the famous King Bruce, of Scotland, Behring had "thrown himself down to think." Five times he had attempted to obtain a patent, and at last on June 21st, to his own surprise as well as to the disgust of all the rest of us who live in this land of free medical science, he was granted a patent for the manufacture of antitoxine for diphtheria from the blood of horses. He at once served notice on Parke, Davis & Co., the H. K. Mulford Co., as well as the various universities and Board of Health that they will be prosecuted if they manufacture any antitoxine. Parke, Davis & Co's., have cleared their decks for action, double shotted their rapid firing batteries, placed mines wherever one could be placed, and have notified the world that they will continue to manufacture antitoxine and fight the patent to the end, and they wish to notify the doctors and druggists that they will guarantee to reimburse any dealer or physician who uses Parke, Davis & Co.'s, antitoxine from loss or damage in any of these suits. So there is no danger; we can all use antitoxine when we please. And now comes the H. K. Mulford Co., with the very best of legal talent and other modern ammunition, with every arrangement made for rapid and accurate firing in case of action, and they likewise state that they will fight the patent, and if any physician or druggist uses Mulford's antitoxine, and gets into trouble on that account through any of these suits, that they will protect him or reimburse him. With Parke, Davis & Co., and the H. K. Mulford Co., on deck, we fear that the Behring expedition will fare like those of Admirals Montejo and Cervera, and will repose at the bottom of the American ocean when this cruel war is over. Certainly this is the meanest thing that the German patent medicine man has ever attempted. He has robbed us by phenacetine, antipyrine and a lot of other things, and we have not complained, but we in America have done as much as the Germans to place

the antitoxtine treatment of diphtheria where it is now, and there is neither right nor justice in the patent office of Washington granting a patent at this late day.

Death of Doctor Wm. Pepper.

It is with profound regret that we announce the death of Dr. William Pepper, of Philadelphia, which occurred in California, July 28th, from angina pectoris. The doctor had gone to California for a short rest, which he much needed. He was perhaps one of the best known medical writers in America, being the editor of "Pepper's System of Medicine," and "Meigs' and Pepper's Diseases of Children." He was professor of theory and practice in the University of Pennsylvania at the time of his death, and the University owes much of its reputation to him for the work he has done in connection with it.

EDITORIAL NOTES.

Cleaning of the Surgeon's Hands.

Dr. Joseph Eastman, in his annual address before the Western Surgical Association, speaking of the sterilization of the hands and the field of operation, says: "The great objection to any chemical sterilization of the hands and field of operation lies in the probable neglect of that greater virtue which lies in soft water, soft soap and softened elbow grease by much trituration of microbes. Cleaning nails, five minutes scrubbing; cleaning nails again, five minutes more scrubbing; then a tablespoonful of powdered chloride of lime, until the heat of the lime begins to lessen; then sal soda until the hands are cooled; then immersing in alcohol. I have lost faith in the permanganate and oxalic acid. It leaves an acid on the hands last, the lime and soda and alkali last; and hands that are in the abdomen every day, and several times a day, will tolerate the lime and soda, whereas the potash and oxalic acid have proven in my work very hard upon the skin; and further, bacteriological investigation by able Eastern surgeons, as well as in our own laboratory, have shown a decided preference for the free chlorine produced by the lime and soda.

Excessive Medication.

A very excellent article on typhoid fever appears in the *Indiana Medical Journal* for July, from the pen of Dr. I. N. Trent. He reports two-hundred cases of typhoid fever, the first one-hundred having been reported in 1888, the second in 1898. He had a death rate of fourteen to the one-hundred in the first two-hundred, and twelve to the one-hundred in the second two-hundred, an average of thirteen per cent. This was in a mixed population, many of them extremely poor, and many of them being mistreated in the early stages by other physicians or by no doctor at all. Of the whites treated he saved ninety per cent, of the blacks treated

only sixty per cent. As a sample of the poor surroundings of his cases he gives the following:

"No. 35, Mrs. Miller lay sick amid the utmost poverty, dirt, filth and squalor. The trustee sent me to her. She was a German, and lay in a bare room—not a carpet, a blind nor a curtain, a table nor a chair, a bed nor a lounge. She lay in one corner on a pile of straw on the floor, with but scanty covering. A pine box was brought in for me to sit on. I found on the floor beside her thirty-two different kinds of medicine, in pills, tablets, powders, in tincups, teacups and bottles. The only trouble the husband had with the treatment was that he said there was not hours enough for him to give one dose of each during the day, and it was hard for him to keep from mixing things up. In addition to the thirty-two remedies, the attending doctor would on each visit himself pump a half gallon of water into the bowel. This was a very severe case, but the patient recovered."

The article is replete with quaint experiences, occurring to an excellent practitioner in the treatment of this very large number of mixed cases.

The Use of the X-Ray in Army Surgery.

Among the innovations of American Army Hospital service the X-Ray holds a high place. The Surgeon-General of the United States army has purchased eighteen complete X-Ray plants to be used in field and hospital services. The hospital ships, Relief and Solace, each have a complete plant; each of the large military hospitals in the United States is to have them, and two of the machines are to go to Manilla. Incidently we may state that at the latter place, (Manilla), there is to be a fine military hospital with perfect accommodations for six-hundred patients, and is to be under the direction of Major W. D. Owens.

The Hospital Ship "Relief."

The War Department has had this vessel fitted up in the most approved style for the comfort of the sick and wounded soldiers in the army (*Scientific American.*) The ship is divided into five large wards and contains besides store rooms, mess rooms, operating rooms and officers' quarters. There is also a complete equipment of every appliance known to modern medical or surgical science including, among other things, two complete x-ray outfits, a microscopic laboratory, perfect facilities for photographing, and electrical apparatus of various kinds. Electrical fans everywhere abound to fan the sick.

The wards are models in their way. The walls are painted white, the floors covered with rubber tiling, and the beds of iron, enameled white.

Baths abound; they are connected with all the wards, with all the private quarters of the medical staff and with those of the ship's officers. There is a special shower bath for sick officers, and it is so arranged that the shower throws hot or cold, fresh or salt water. All the bath rooms have rubber floors.

The ship sailed recently for Santiago de Cuba, where it will be most useful and acceptable to our soldiers injured in the battles about to take place.

It is probable this will be the first extended use of the x-ray apparatus in war, and reports of its success will be watched with interest.—*Medical Review.*

Oophorectomy for Incurable Cancer of the Breast.

In the *British Medical Journal* of May 7th, 1898, appeared quite a remarkable article in which Watson Cheyne reports progress upon this new plan of treating incurable cancer of the breast. It has been noticed in the past that after oophorectomy the breasts have a tendency to shrink, and their glandular elements disappear. Acting upon this knowledge since cancer of the breast effects the glandular tissue, the operation was performed with the result that the cases operated upon showed distinct relief and promised cure. The idea seems to have been first suggested by Bedson some two or three years ago. Cheyne has taken the matter up, and twice operated; he reports that for a time the growth stops but that in the end although valuable time is gained, a cure does not result. It would seem possible, however, that this might be a valuable adjunct to the treatment by alcohol injection.

Painful Fissures.

We quote the following from the *New England Medical Monthly*, (with due credit to the various authors) for the distressing condition of painful fissures existing around the lips, nipples, or anus. Of the five prescriptions given, any is good.

℞ Ext. krameriæ, grm. 1.
Glycerin, grm. 40.
Aq., grm. 120.

M. Sig. Inject every morning (for anus.)—*Gallois.*

℞ Liq. ferri subsulphat., ʒ ij.
Glycerini, ʒ vj.

M. Sig. Apply with camel's hair brush to affected parts. (For nipple.)—*Bartholow.*

℞ Plumbi nitratis, gr. x.
Glycerini, ʒ j.

M. Sig. Apply after each nursing, carefully washing before next nursing. (Excoriated and fissured nipple.)—*Bartholow.*

℞ Potassi bromidi, ʒ j.
Glycerini, ʒ v.

M. Sig. Apply locally. (For anus.)—*Bartholow.*

℞ Iodoformi,
Acid. tannici, aa ʒ ij.

M. et ft. chart. Sig. Expose fissure and dust over.—*Bartholow.*

Sweating Feet.

According to the *Pharmaceutsche Zeitung*, the following is efficient:

℞ Thymol, 1 part.
Formal dehyde, 1.3 parts
Amyli, 652 parts.
Zinci oxidi, 345 parts.

M. Sig. for external use.

Gonecystitis.

In a recent issue of the *New York Medical Journal*, Dr. W. Ayers draws the following conclusion:

1. That gonecystitis occurs with about the same frequency as epididymitis; the acute form much more rarely than acute epididymitis; the chronic form more frequently than chronic epididymitis.

2. That, in my opinion, masturbation or sexual excesses cannot cause it, unless they have first produced a stricture in or near the bulb.

3. That stripping the vesicle is the only treatment that is of any service in chronic non-tuberculosis and non-syphilitic gonecystitis.

4. That the vesicle can be reached and emptied in spite of the fact

that it seems impossible from measurements made on the dissecting table.

5. That we have by this method a treatment whereby we are able to cure a large number of the so-called "incurable gleets."

The Christian Scientists have received what to them is a rather serious set-back in the state of Pennsylvania (*Medico-Surgical Journal*). They wanted a charter for the First Church of Christian Scientists, which the court refused to grant. The judge distinctly declared that if they were a purely religious and teaching body the constitution would guarantee perfectly their liberties in such directions, but when they wanted a charter to give them the privilege to violate the laws of the state, no such charter could be granted. He showed that for them to treat smallpox, consumption, cancer, or scrofula would be a violation of the act of March 24, 1877, that demands a proper education of every person who undertakes to treat disease.—*The Charlotte Medical Journal.*

CHALK TALK.

BY THE EDITOR.

Tying Knots.*

In attempting to tie two loose ends, especially of a catgut thread or the two corners of a handkerchief or of a sheet, it is especially necessary to tie a "square knot." This may be more properly designated a "reef knot." The average doctor who attempts to tie a square knot in a thread, ties a "granny knot."

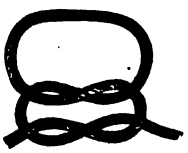

Fig 1.
Granny Knot.

Fig. 2.
Granny Knot.

The difference between the two is that a square knot never slips and a granny knot always does, and that is just enough difference to make it imperative that we tie it properly.

All that is necessary to tie the square knot is, that when the first turn is made, the end in the right hand is passed over the end in the left, and when the second turn is made, the end held in the left hand is passed over that held in the right. The result is that in a square or reef knot both extremities point in the same direction, while in a granny knot they stand at right angles. The granny knot is made by passing the ends held in the right hand over that held in the left hand both times.

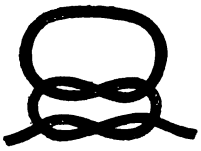

Fig. 3. Square Knot.

Fig. 4. Square Knot.

In making a surgeon's knot it is only necessary to turn one end of the ligature twice around the other as shown in the accompanying cut.

Fig. 5. Surgeon's Knot.

* Cuts from "Prompt Aid to Injured."

Surgical Neck of the Femur—An error in Nomenclature.

Recently two students entered into a discussion as to the location of the surgical neck of the humerus and the femur. It was referred to a number of physicians and various opinions given. There is no excuse for this, except the ever ready excuse that anatomy is easily forgotten. As will be seen from the accompanying cut,

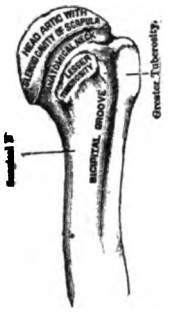

Fig. 6. Head of Humerus showing Anatomical and Surgical Neck.

the anatomical neck of the humerus lies between the head of the bone and its tuberosities, this is the true neck of the bone. In all bones having a neck, the name is applied to the tapering portion just beyond the head, the same as necks of animals are designated. Now, by surgeons it has been found that, in the humerus, injuries and operative interferences, generally occur not at this true neck, but at the slender portion beyond the tuberosities, hence that portion has been named the "surgical neck," in contra distinction to the anatomical or true neck. In the case of the femur as shown in the accompanying cut, there is no surgical neck because the anatomical or true neck

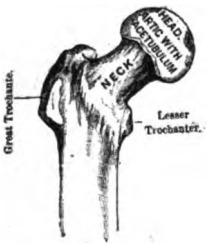

Fig. 7. Head of Femur showing Neck.

is so well developed that all fractures and other accidents are almost invariably found here; hence it is improper to apply the term, surgical neck, to the femur at all, it should be applied only to the narrow portion of the shaft of the humerus lying just beyond the tuberosities.

A Word About Poultices.

Flax seed, mustard and other poultices are so grateful to the patient, are productive of so much good, are so universally employed by the laity that it is very essential that they be made in a manner befitting the rank and knowledge of the physician, and he should always see that the attendant makes them properly, and should be ready to properly instruct the attendant in the way of making them. The first requisite is a piece of old muslin of sufficient size that the poultice material when spread upon one half of it, will not reach nearer than one and one half inches to two inches from the edges. The other half of the cloth should be left free. The next requisite is a china or earthenware plate or platter of sufficient size to contain the completed poultice spread out. The third requisite is the poultice material and hot water. After mixing up the poultice material to the consistency of soft butter, (it should never be so dry as to crumble nor so wet as to drip or run,) the plate or platter should be heated *hot*, one half of the cloth should be laid over it, the poultice spread thereon, the other half of the cloth evenly spread over the poultice and carried, plate and all, to the bedside. Such a poultice will present on the under surface a warm, moist condition, grateful to the patient and prompt in its action, whereas if it has been spread upon the table or other convenient surface and carried to the bedside in the hands, it will either present a dry surface to the patient which will but slowly become moist, and hence will be tardy in its action or if soft enough to wet through will be cold, clammy, and sticky, and decidedly unpleasant. The hot earthenware plate is a necessity for the proper preparation and transportation of a poultice.

SOCIETY PROCEEDINGS.

North Missouri Medical Association, Moberly, Mo.

(Continued from last month.)

FRIDAY MORNING.

The first paper was read by Dr. L. W. Dallas, of Hunnewell, entitled, "The Disorders of Dental Eruption." (See page 271 August INDEX.)

DISCUSSION.

DR. BRUMMELL, of Salisbury, said: "The lancet must be clean, the mouth of the child must also be clean, with these two precautions there is no danger. It has been my experience that scar tissue does not form in the child's mouth. Where the child is restless with fever and pain I have seen distinct relief come from lancing the gums. I approve heartily of the lancet in the proper place."

DR. WELCH, of Salisbury, said: "When the child is feverish and irritated from teething, I always lance the gums. I find it gives immediate relief I approve of Dr. Dallas' remarks as to giving plenty of water; also as to proper diet of children. The food and drink of the child, together with personal hygiene are often more potent than is medicine in teething."

DR. MILAN, of Macon, asks why it is that this disease occurs from June to September, is not in fact the so called difficult dentition a disease of some other sort? In the winter all diseases of the head, throat, and lungs are worse than in summer, then why should not the teething child not suffer more? In his opinion more of the symptoms are those of disease of the digestive organs. He takes special pains with the child's diet; at this time it should wear a flannel band. Keep mouth clean with wash of listerine.

DR. HIGHSMITH, of Carrollton, said he used the lance to relieve congestion; no cicatricial tissue is caused. It is best for the child to employ a little starvation process here when the bowels are disordered. The doctor stated that there was less summer complaint among children than formerly, which fact is laid to the improved teachings of modern and superior physicians.

DR. WRIGHT, of Fayette, said that too much stress had been laid upon lancing the gums; more careful instruction should be given to the matter of feeding. Dr. Milan did right in calling attention to summer and winter variations in this disease. More attention should be paid to keeping the child's mouth clean, and more care should be given to its diet.

DR. NORTON, of Monroe City, admires the stand that Dr. Dallas took in his care of the babies, it was a worthy incentive. He wishes to say that in the many long years of his practice, and he is now almost eighty years old, he had never seen trouble from cicatricial tissue, nor hemorrhage, nor infection.

DR. MILLER, of Liberty, like Dr. Milan, he had noticed the difference between summer and winter, he thought the disease had a dual cause, heat and teething. As to diet, he approves of moderate starving, and a clean stomach. When the child was sick and gagging, he had good results from washing out the stomach. He never lances the gums but uses the lancet to scarify, and this reduces congestion. His aim was to keep the mouth cool and clean.

DR. DALLAS, in closing—"I feel that the love of children is at the bottom of the discussion of my poor paper." The doctor then viewed all the remarks made, winding up with the assertion that it ought to be a major part of every doctor's religion to keep his instruments clean in caring for the health of the babies in his neighborhood.

The next paper was by Dr. Miller, of Liberty, "Two cases of Tetamus." The paper was discussed by Dr. H. E. Pearse, who referred the pathology of the disease and described several cases

CORDIAL

PAS-CARNATA.

MERRELL.

This preparation contains all the active medicinal constituents of Passiflora Incarnata in concentrated form, and is the result of an extended investigation in our Laboratory. It is the most eligible form for exhibiting the valuable properties of the drug, since from it we have succeeded in eliminating the inert principles invariably present in ordinary preparations on the market.

TESTIMONIALS.

Spasm in children. Nervousness and insomnia.

Dr. McAdow reports: "I have prescribed the Cordial Pas-carnata in several cases of threatened spasm in small children. In my hands it has proven a splendid remedy. A case of nervousness and insomnia in an old lady, a few doses acted like a charm."

In uræmic convulsions.

Dr. C. P. Hockett writes: "Cordial Pas-carnata proved a boon to me in a case of uræmic convulsions."

Insomnia from physical exhaustion.

Dr. Samuel C. Smith states: "Your advertisement in the *Medical Mirror* for November, page 26, and referring to Cordial Pas-carnata excites in me wonder that a preparation of this wide-spread usefulness has not been introduced to the medical profession before this. The therapeutic properties of the drug have been known to me for several years. It is first, a nerve sedative; second, a nerve tonic; a classification which, though strange, is nevertheless true. It is undoubtedly a hypnotic and acts as such in insomnia arising from physical exhaustion."

Teething children.

Dr. G. Spiegel writes: "Your agent visited my office, and, among other preparations, recommended to me your Cordial Pas-carnata. A patient was announced. A baby was brought in crying from restlessness and from teething. Here, I thought to myself, was an opportunity to try the Cordial-Pas-carnata. I asked your agent for a sample, administered it on the spot with almost immediate beneficial results."

Sleeplessness of heart disease.

Dr. H. Neal writes: "A few days ago your agent kindly left me a sample of Cordial Pas-carnata. I have used this in a case of sleeplessness of heart disease in which other remedies produced no effect. The Cordial Pas-carnata brought such happy results that I shall continue to use it wherever indicated."

Insomnia of nervous temperaments.

The following personal letter, the original of which is on file in our office, is valuable testimony: "I am in receipt of your favor of the 6th, also the box of Cordial Pas-carnata recently ordered, for the prompt shipment of which you will kindly accept my most sincere thanks. Your Cordial Pas-carnata has become a household necessity with both my wife and myself. We are both of a nervous temperament and troubled with insomnia, and up to date I have been unable to find anything that will equal the Cordial Pas-carnata in the treatment of the above trouble."

By all means—try it.

L. B. Downing, druggist, writes: "In June I ordered your Fluid Extract Passion Flower as an experiment, for a son of 12 years, who has made very rapid growth, and was at the time very nervous, and several physicians had tried in vain to help him, one an uncle, in whose family he staid a month. My wife *happened* to see your circular on Pas-carnata, and on consulting the doctors who had treated him, they said, 'by all means try it.' The result was truly marvelous. There was a change for the better in four days. Facial and shoulder muscles were twitching when we commenced using it. In a few days they disappeared, and on 15-drop doses three times a day he keeps all right, apparently. I shall speak a good word for the medicine, as I have already done. Will you please send me some circulars to give to physicians."

Nervous irritation in women and children.

Dr. Jas. R. Dickens writes: "Your agent left with me a sample of your Cordial Pas-carnata, a preparation entirely new to our physicians. Its use thus far has not been extended; but as a remedy for allaying nervous irritation, especially in women as well as teething children, I find the Cordial meets a want in my practice which I have long desired to fill."

The Wm. S. Merrell Chemical Co.

CINCINNATI. NEW YORK.

☞ SEND FOR SAMPLES AND MENTION THIS JOURNAL. ☜

Tono Sumbul Cordial

℞ Nerve-tonic properties of Sumbul.
Blood-making properties of Iron.
Antiperiodic properties of Cinchona.
Acid Phosphates.
Aromatics, Sherry Wine. q. s.

Sig.—Tablespoonful to be taken before meals.

AN examination of the above formula will no doubt satisfy the physician of the wide scope covered by this tonic. The delicate stomach of the invalid rebels against the distasteful and nauseating bitter tonics. Tono Sumbul Cordial is free from this objection, having a delightful and pleasing taste, replacing all such compounds. Patients taking Tono Sumbul regularly as a tonic prescribed by the physician, will gain strength and weight.

Sumbul Root is of great importance in modern medicine because of its reliability. It is recommended in Gastric Spasms, Hysteria, Delirium, Diarrhea, Dysentery, Asthma, Chronic Bronchitis, and other maladies of an asthenic condition. Sumbul is particularly valuable in cases of nervousness of a low, depressing character, and is the remedy *par excellence* for nervous, hysterical females who need building up.

Its potency is highly increased by the addition of the Iron and Cinchona Bark, the respective medicinal virtues of which, when properly presented, will admit of more than passing comment.

Tono Sumbul Cordial presents a general tonic that is seldom offered. Our name is a guarantee that only the purest materials obtainable shall enter into its composition, prepared under the supervision of our experienced chemists.

Tono Sumbul Cordial is put up in 12-oz. flint-glass bottles, and should be prescribed in original bottles to prevent substitution and the attending disappointments.

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WILLIAM R. WARNER & CO.

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For Physicians Prescribing.

ANTIPERIODICS

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- Cinchonidiæ Sulph. 1 gr.
- Res. Podophyllin. 1-20 gr.
- Strychniæ Sul. 1-35 gr.
- Gelsemin, 1-20 gr.
- Ferri Sulph. Exs. ½ gr.
- Ol. Res. Capsici, 1-10 gtt.

CHINOIDIN COMP.
- Chinoidin, 2 grs.
- Ferri Sulph. Exsic. 1 gr.
- Piperina, ½ gr.

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- Aloin, 1-10 gr.
- Ipecac, 1-30 gr.
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- Succus. Bellad. 1-20 gr.

SUMBUL APERIENT, (Dr. Shoemaker).
- Ext. Sumbul, 1 gr.
- Asafetida, 1 gr.
- Ext. Nuc. Vom. ⅛ gr.
- Ext. Cascara Sag. ½ gr.
- Aloin, ¼ gr.
- Gingerine, ¼ gr.

APERIENT.
- Ext. Nuc. Vom. ⅓ gr.
- Ext. Hyoscyami, ½ gr.
- Ext. Coloc. Co. 2 grs.

CASCARA ALTERATIVE Pink (Dr. Letaud).
- Cascarin, ¼ gr.
- Stillingia, ¼ gr.
- Euonymin, ⅛ gr.
- Piperine, 1-100 gr.

ASTRINGENTS

PIL. ASTRINGENT.
- Ext. Geranii, 2 grs.
- Pv. Opii, ¼ gr.
- Ol. Menth. Pip. 1-20 gtt.
- Ol Res. Zingiber, 1-20 gtt.

OPII ET PLUMBI ACET,
- Pulv. Opii, ½ gr.
- Plumbi acet. 1½ grs.

CATHARTICS

CASCARA CATHART. (Dr. Hinkle).
- Cascarin,
- Aloin, na ¼ gr.
- Podophyllin, 1-6 gr.
- Ext. Belladon. ⅛ gr.
- Strychnin. 1-60 gr.
- Gingerine, ⅛ gr.

CASCARA COMP.
- Ext. Cascara Sag. 3 grs.
- Res. Podophyllin. ⅛ gr.

EMMENAGOGUES

EMMENAGOGUE.
- Ergotine, 1 gr.
- Ext. Hellebore Nig. 1 gr.
- Aloes, 1 gr.
- Ferri Sul. Exs. 1 gr.
- Ol. Sabinæ. ½ gr.

PIL. PHOSPHORI CUM CANTHARIDE CO.
- Phosphori, 1-50 gr.
- Pv. Nuc. Vom. 1 gr.
- Sol. Canthar Conc't, 1 m.

TONICS

ALOES ET NUC. VOM.
- Pulv. Aloes Soc. 1½ gr.
- Ext. Nuc. Vomicæ, ½ gr.

ANTISEPTIC COMP. (Warner & Co.)
- Sulphite Soda, 1 gr.
- Salicylic Acid, 1 gr.
- Ext. Nuc. Vom. ⅛ gr.
- Powd. Capsicum, 1-10 gr.
- Concent. Pepsin, 1 gr.

CHALYBEATE, 3 grs. Pink (Warner & Co.)
- Ferri Sulph. 1½ grs.
- Potass. Carb. 1½ grs.

CHALYBEATE COMP. Pink (Warner & Co.)
- Chalybeate Mass, 2½ grs.
- Ext. Nuc. Vom. ⅛ gr.

DAMIANA CUM PHOSPH. ET NUC. VOM.
- Ext. Damiana, 2 grs.
- Phosphori, 1-100 gr.
- Ext. Nuc. Vom. ⅛ gr.

DIGESTIVA (Warner & Co.)
- Pepsin Concentrat, 1 gr.
- Pv. Nuc. Vom ¼ gr.
- Gingerine, 1-16 gr.
- Sulphur, ⅛ gr.

SUMBUL COMP. (Dr. Goodell)
- Ext. Sumbul, 1 gr.
- Asafetida, 2 grs.
- Ferri Sulph. Exsic. 1 gr.
- Acid Arsen. 1-40 gr.

TONIC.
- Ext. Gentianæ, 1 gr.
- Ext. Humuli, ½ gr.
- Ferri Carb. Sacch. ¼ gr.
- Ext. Nuc. Vom. 1-20 gr.
- Res. Podophylli, 1-25 gr.
- Ol. Res. Zingib. 1-10 gr.

ZINCI PHOSPHIDE AND NUC. VOM.
- Zinci Phos. 1-10 gr.
- Ext. Nuc. Vom. ¼ gr.

STRYCHNIÆ, 1-16, 1-20, 1-30, 1-32, 1-40, 1-60 gr.

PIL. PHOSPHORI, 1-25, 1-50, 1-100 gr.

PIL. PHOSPHORI COMP.
- Phosphori, 1-100 gr.
- Ext. Nuc. Vom. ¼ gr.

PIL. PHOSPHORI CUM NUC VOM.
- Phosphori, 1-50 gr.
- Ext. Nuc Vom. ½ gr.

PIL. PHOSPHORI CUM FERRO ET NUC. VOM.
- Phosphori, 1-100 gr.
- Ferri Carb. 1 gr.
- Ext. Nuc. Vom. ¼ gr.

PIL. PHOSPHORI CUM FERRO ET QUINIÆ ET NUC. VOM.
- Phosphori, 1-100 gr.
- Ferri Carb. 1 gr.
- Quiniæ Sul. 1 gr.
- Ext. Nuc. Vom. ¼ gr.

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A Powder—Prescribed in the same manner, doses and combinations as pepsin.

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The best method for taking certain remedies. Quickly active. Palatable dosage.

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GRANULAR EFFERVESCENT SALTS

To Physicians. We invite your attention to the following list of Granular Effervescent Salts; the formulæ of which are given in detail.

The perfection we have attained in the manufacture of this valuable line of remedies enables us to offer them as superior to any other brand of like preparations, made either in the United States or Europe.

These Granular Effervescent Salts afford a most pleasant, efficacious and convenient form for the administration of medicines and deserve the attention and patronage of the medical profession.

Care should be observed to avoid the substitution of cheap and inferior makes of salts when Warner & Co.'s are desired or written for, and instructions should be given the patient, to insist upon having the proper article.

GRANULAR EFFERVESCENT

BROMO LITHIA.

Each dessertspoonful contains

Salicylate Lithia, 10 grs. Bromide Soda, 10 grs.

Bromo Lithia is an extremely potent remedy, in the treatment of Rheumatism, Rheumatic Gout, and Gouty Diathesis, originated by Wm. R. Warner & Co. It consists of Salicylate Lithia, 10 grains, and Bromide Sodium, 10 grains, in each dessertspoonful.

It will be found to possess advantages over Salicylic Acid combining, as it does, the efficacy of Lithium in combination with Salicylic Acid as well as the sedative properties of Bromide of Soda.

Dr. A. Garrod, the well-known English authority on Gout, who was the first physician to use the Salicylate of Lithia in the treatment of Gouty Diathesis, believes that its action is materially increased by being administered in a freely diluted form.

GRANULAR EFFERVESCENT

BROMO POTASH

Useful in sleeplessness, over exercise of the brain, intense study, nervous debility, etc., and in all cases for which the above remedies are given singly to advantage.

GRANULAR EFFERVESCENT

APERIENT SALINE

A pleasant and excellent aperient and refrigerant, very acceptable to the stomach. Given in all cases indicating the need of an active aperient, and to be given daily to all patients under treatment with Dosimetric therapeutics. (See Wm. R. Warner & Co.'s list of Dosimetric Granules.)

DOSE.—One tablespoonful in half a glass of water.

GRANULAR EFFERVESCENT

SALINE CHALYBEATE TONIC.

(DR. AUSTIN FLINT.)

Each dose or heaping teaspoonful contains

Sodium Chloride,	3 grs.	Potass. Chloride,	3-20 gr.
Potass. Sulphate,	1-10 gr.	Potass. Carb.	1-20 gr.
Sodium Carb.	3-5 gr.	Magnes. Carb.	1-20 gr.
Calc. Phos. Prec.	½ gr.	Calcium Carb.	1-20 gr.
Ferri Reduct.	9-20 gr.	Ferri Carb.	1-20 gr.

To be taken in part of a glass of water to be repeated three times daily, or oftener if required.

GRANULAR EFFERVESCENT

LITHIA SALT

For Alkaline Treatment

Antacid and Diuretic

Composition in each two teaspoonfuls:

Lithia Citrate, 5 grs.	Soda Bicarb,, 10 grs.
Potassii Bicarb., 15 grs.	Acetanilid, 3 grs.

For Rheumatism, Gouty Diathesis, Cystitis, Gravel, Kidney Troubles and Uricemia.

DOSE.—Two teaspoonfuls equivalent to the above to be taken four times daily in a glass full of water.

GRANULAR EFFERVESCENT

TRIPLE BROMIDES

Useful in Headache, Nervousness, Sleeplessness, Migraine, Diurnal Epilepsy, etc.

DOSE.—A teaspoonful containing fifteen grains Sodium Bromide, ten grains Potassium Bromide, and five grains Ammonium Bromide; to be taken three times daily.

WM. R. WARNER & CO., Chemists

ORIGINATORS AND MANUFACTURERS OF

Bromo Soda and Bromo Potash, Triple Bromides and Chalybeate Saline

SUPERIOR TO PEPSIN OF THE HOG.

INGLUVIN

A powder—Prescribed in the same manner, doses and combinations as Pepsin. A Specific for Vomiting in Gestation in doses of 10 to 20 grains.

Liquid Pancreopepsine

(DIGESTIVE FLUID)

This preparation contains in an agreeable form the natural and assimilable principles of the digestive fluids of the stomach, comprising Pancreatine, Pepsin, Lactic, and Muriatic Acids. The best means of re-establishing digestion in enfeebled stomachs where the power to assimilate and digest food is impaired, is to administer principles capable of communicating the elements necessary to convert the food into nutriment.

Put up in sixteen-ounce French square bottles.

Price $1.00 per bottle.

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ELIXIR

SALICYLIC COMPOUND

(WM. R. WARNER & Co.)

Formula.

Acid Salicylic. Potass. Iodide
Cimicifuga. Soda Bicarb.
Tr. Gelsemium.

A prompt and effective remedy in the treatment of the above diseases. Very palatable.

AN ETHICAL

Reliable remedy in Rheumatism, Gout, Lumbago, and analogous diseases.

DOSE—Tablespoonful every 3 or 4 hours until four doses are taken. Gradually decrease to teaspoonful every three or four hours. In inflammatory Rheumatism, the dose is two teaspoonfuls every four hours till it produces tinnitus aurium, after which above directions are to be followed.

12 oz. square blue bottles,

$1.00

See that original is dispensed on your prescription.

FOR SALE BY ALL DRUGGISTS.

WILLIAM R. WARNER & CO.

PHILADELPHIA NEW YORK CHICAGO

nervous derangements than medicine can cure.

For Fishermen.

Good news for those who like fishing will be found in the following item: "Beginning with the June issue, the *American Angler* will be issued from the office of the American Outing Publishing Co. It is the purpose of the new publishers to add new and attractive features to the journal, and embellish the pages with appropriate and profuse illustrations, making it the best ten cents worth offered to anglers anywhere."

Sanmetto in Urethral and Bladder Diseases—In Pre-Senility and Enlarged Prostate.

In nearly thirty years practice I have never written to the proprietors of any medicine extolling its virtues, but after some years constant use of Sanmetto, I can but say it is my sheet anchor in all urethral and bladder diseases. In presenility it has no equal. Have recently used it in two cases of enlarged prostate, with marked benefit in both cases.

GEORGE E. GILPIN, M. D.
Berkeley Springs, W. Va.

A Pretty Book, Free.

Under the title, "A Colorado Summer," the Santa Fe Route has issued a sumptuously printed book devoted to the attractions of the Rocky Mountain summer resorts, intended, we understand, for free distribution.

Besides a graphic description of the more noted localities, the publication contains special articles on climate, the mountains, camping, fishing and shooting, and is embellished by eighty half-tone illustrations from special photographs. A map of Colorado, a table of altitudes, and a full list of hotels, cottages and boarding houses and their rates, are included.

This should be an invaluable handbook for all who contemplate a summer trip to that charming region of lofty altitude, pure air and cool sunshine.

Get one for your office table, doctor.

Gratifying Advance.

The most gratifying of the recent advances in medical sciences is that which resulted in a sweeping reduction in the old time uniformly high mortality from diphtheria and membranous croup. This reduction is variously stated at from one-half to three-fourths and is large in proportion as Antitoxin treatment is employed early.

The International Medical Annual for the current year makes this statement: "If the profession and public once grasp the truth, that, with rare exceptions no child ought to die of diphtheria, it is probable that the actual mortality will become very low. In this connection it is gratifying to recall that the highest rate of recoveries ever recorded in a large number of cases followed the employment of Mulford's Concentrated Diphtheria Antitoxin.

For Sore Throat.

W. C. Frederick, M. D., Lono, Ark., says: "I have used S. H. Kennedy's Extract of Pinus Canadensis (Dark), one to three of water, in sore throat from cold, with splendid results, and have now under treatment a little boy, three years old, suffering from strumous diathesis, who had been afflicted over a year with otorrhea. Have been using as an injection two drachms of S. H. Kennedy's Extract of Pinus Canadensis to four drachms of water, three to five drops, two or three times a day, the ear previously cleansed with castile soap. The little fellow commenced to improve from the very start and is rapidly improving daily; the discharge has almost ceased He has been on this treatment for about two weeks "

Watch to be Given Away.

Extra heavy, solid gold hunting case watch with Elgin thirteen (13) jeweled chronometer balance, fully warranted by Cady & Olmstead, to be given to the person sending to Free Bed Fund, care of Dr. Alice Graham, No 617 New Ridge Building, Kansas City, Mo., before October 1st, the largest number of words formed from the letters in a "A SPELLING BEE." List must be accompanied by twenty-five (25) cents, for the benefit of a Free Bed for deformed children in the "Hospital for Women and Children," Eleventh and Troost Avenue, Kansas City, Mo. Neither proper nor christian names, prefixes nor postfixes, nor words from a foreign language may be used.

The above mentioned watch is on exhibition in our window and is as represented above. Cady & Olmstead, Eleventh and Walnut streets, Kansas City, Mo.

Intestinal Antisepsis in Fevers.

Though the typhoid, malarial and yellow fever epidemics in Cuba have not yet reached this country, it is well to guard against them by taking precautionary measures. If it be true, that the *materies morbii* of these diseases belong to the bacillus group, the remedies manifestly are an antiseptic and an antipyretic. As an intestinal antiseptic we have nothing better than salol. The consensus of opinion is in this direction. When we add the antipyretic and anodyne effects of antikamnia, we have a happy blending of two valuable remedies, and these cannot be given in a better or more convenient form than is offered in "Antikamnia and Salol Tablets," each tablet containing two and one-half grains antikamnia and two and one-half grains salol. The average adult dose is two tablets Always crush tablets before administering, as it assures more rapid assimilation. It is not our desire to go into the study of bacteriology here; our aim is simply to call attention to the necessity of intestinal antisepsis in the treatment of this class of diseases. If in the treatment

of these diseases, an intestinal antiseptic is indicated, would not the scientific treatment of the conditions preceding them, be the administration of the same remedies? Fortifying the system against attacks is the best preventive of them.

Bromodia as a Hypnotic.

The hypnotic effect of Bromodia does not by any means represent the sole benefit to be derived from this preparation, but it meets in a very perfect manner, many other indications involving hyperæsthesia of nerve tips and over-excitability of spinal cord. In doses of one-half teaspoonful, given every four hours for two days, will so benumb the sensory nerve tips of the buccal cavity that dentists can take impressions of the mouth, fit in rubber dams, etc., that would otherwise be impossible on account of the gagging peculiar to some patients. In the hands of the medical practitioner, given in half-teaspoonful doses every four hours, will make life endurable for hay-fever patients during the months of August and September. A teaspoonful will completely quiet the paroxysmal pain following childbirth or miscarriage without in any way interfering with uterine contractions.

"The Ship's Doctor."

Intense interest today centers about our gallant navy; and the recent daring exploits of our sailor heroes add new luster to the brave record of the past. Americans are proud to inscribe new names standing for heroic deeds—the names of Dewey, Hobson and Powell.

Whatever tells of warships and the gallant deeds of brave sailors is eagerly perused by the American people. Our navy is the popular theme of story and picture. The brave exploits of our sailors are the absorbing topics in newspaper, review and magazine; and everywhere are seen the pictures of great battleships, graceful cruisers, of sea battles and sailor heroes.

But numerous as are the current chronicles of sea warfare, vivid as are many of the portraitures of battle, danger and death, there has been one void in the record of heroic deeds. Deep down in the bowels of the ship there is hidden in times of battle a phase of sea life of which the world knows nothing, which has not been written of, and which artists have rarely seen or imagined. Few, indeed, are the phases of human life which have not been dissected by the literary anatomist, nor fixed in vivid horror upon the canvas of the artist; and the beautiful brochure, entitled "The Ship's Doctor," which is being issued to physicians by The Arlington Chemical Co., of Yonkers, N. Y., is of unique interest. Nor is this interest due solely to the novelty of the subject; for, independently of this, the booklet is notable as marking the highest point yet reached in certain features of artistic bookmaking. The deadly battle horrors of the surgeon's merciful vocation are full of dramatic opportunities for the artist; but only an artist of power can make such gruesome scenes impressive instead of merely horrible. Mr. W. Granville Smith is such an artist, and he has made for "The Ship's Doctor" a series of battle pictures which touch the highest mark of the illustrator's art. A great naval battle is depicted with thrilling realism, and the grim realities of war are uncovered by portrayals of the cock-pit during an action and of episodes of the surgern's battle duties. Seldom is realism and local color, the very feeling of a scene, better rendered than in these strong drawings; and the force of the artist's worth is perserved by the remarkable character of the mechanical reproduction. A marvellous advance in illustrative art has followed; and the powerful illustrations of "The Ship's Doctor" are among the most perfect examples of a beautiful new art.

The beauty of this booklet, its professional interest and its timeliness, are certain to make a lively call for it, and physicians who have not received a copy should at once send for it, as the edition is limited and will be issued in the order as requests are received. The more important pictures are admirable subjects for framing, and if there are received a number of requests sufficient to warrant the great expense, a series of plates in large size, with liberal margins suitable for framing, will be made and supplied free to physicians. Physicians who would like to have them for framing should make their requests to The Arlington Chemical Co., of Yonkers, N. Y., makers of Liquid Peptonoids, without loss of time.

Peacock's Bromides.

I have pleasure in stating that I have used Peacock's Bromides extensively, both in private and hospital practice and have found it of great and trustworthy value in the treatment of diseases of women more especially about the climacteric, it frequently greatly diminishing the severity and frequency of those neurovascular symptoms as "hot blooms" especially when combined with Sig. trinitrini B. P. (M ½ to M T); those distressing symptoms of depression and restlessness are much benefited by its exhibition. Its great advantage over the prescribing of the simple salts is in the disguising of their saline taste and the presence of carminitines certainly gets over the very real objections that previously existed to prescribing large doses of the bromides and I am confident that Bromism is less soon produced when Syr. Brom. Com. Peacock's is given.

J. COURTNEY MACWATTERS,
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The Trans-Mississippi and International Exposition.

Omaha, June to November, 1898.

THE ADMINISTRATION ARCH.

The perspective drawing of the Administration Arch shows a beautiful building designed in "free classic," which dominates all the buildings on the main court, but the French renaissance stands out more prominently in this particular building than in any other of the main buildings. The Administration Arch is 50x50 feet on the ground and is 150 feet in height. It is intended to be used as a general headquarters for the reception of distinguished visitors, besides giving a finished effect to the architectural encemble of the main court. It is taller than any of the other buildings on this court and forms the central figure of the group of buildings facing the lagoon.

In general effect the building is a solid rectangular mass with four rectangular pavilions surmounted by a high-hipped French roof and lantern. In the loggias and under the arches color is used with freedom and strength. The contrast between the lower, solid portion of the building and the roof is also emphasized by color.

To heighten the architectural effect, statuary of heroic size has been used above the cornice. On each of the four pavilions are four symbolic figures, and at the center of the south side, facing the lagoon, is a group symbolizing "administration."

The space beneath the roof of this building is utilized as a location for the chime of bells for which a concession has been obtained. Between the roof and the main cornice is an open space, which will be utilized as a point of observation, this being above the roofs of other buildings.

The exposition is open until November.

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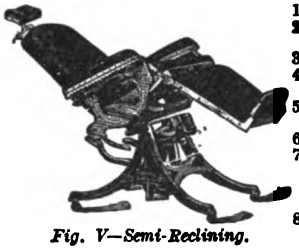

Fig. V—Semi-Reclining.

1st. Raised by foot and lowered by automatic device.—Fig. I.
2nd. Raising and lowering without revolving the upper part of the chair.—Fig. VII.
3rd. Obtaining height of 39½ inches.—Fig. VII.
4th. As strong in the highest, as when in the lowest p—Fig. VII.
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Fig. XVII—Dorsal Position.

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